

No. 1900

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department City of Baltimore.

Permit No. A 1960 Office of Registrar of Vital Statistics. Ward 17<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, August 1st 1887

Full Name of Deceased, Maggie Gerard

Sex, Male or Female, { Cross out the word not } required in this line.

Age, Years, Fourteen Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Fourteen Months.

Place of Death, { Give Street and Number. } 1403 Hull St

Cause of Death, { First (Primary), Cholera Infantum  
Second (Immediate), Convulsions. }

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C.

Date of Burial, August 3.

Undertaker, B. Clark

Place of Business, 115 West St

M. Lake Hooper

M. D.

Medical Attendant.

Address, 1329 Hull St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. 1961 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 2<sup>nd</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John J. Clark

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 7 Months, / Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } Accidentally drowned at 703

Hanbury St.

Cause of Death, { First (Primary) Drowning

Second (Immediate), Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holly Gross

Date of Burial, Aug 4

Undertaker, D. Glynn

Place of Business, 42 E West St

J. J. Flanagan

M. D.

Coroner

Medical Attendant

Address, 1710 St. St. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

No. 1962

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department City of Baltimore.

Permit No. 1962 Office of Registrar of Vital Statistics. Ward 2 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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B

## CERTIFICATE OF DEATH.

Date of Death,

August 2<sup>d</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

J. Michael Schauer

Sex, Male or Female, { Cross out the word not required in this line.

Age,

10 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Baltimore, City

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number.

Off Gibson's Half Fall St.

Cause of Death, { First (Primary),  
Second (Immediate),

Occidental Drury

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, August 4<sup>th</sup> 1887

Undertaker, Peter Frey

M. D.

Medical Attendant

Place of Business, 1003 E. Lombard Street, Address, 403 W. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. A

1963

Office of Registrar of Vital Statistics.

Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

August 2<sup>nd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary M. Woolford

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 18 Years, Months, Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

✓

Occupation,

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give Street and Number. }

239 S Broadway

Cause of Death, { First (Primary),

Diphtheria

Second (Immediate),

Duration of Last Sickness,

9 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, August 3<sup>rd</sup> 1887

Undertaker, Derry Mortuary

Theodore Cottle M. D.

Medical Attendant.

Place of Business, 204 S Broadway

Address, 578 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

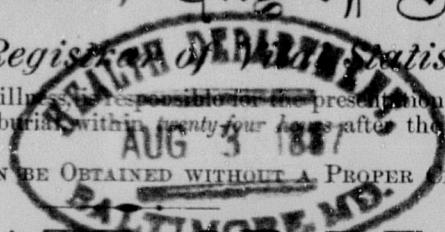
# Health Department, City of Baltimore.

Permit No. A 1964 Office of Registration of Vital Statistics.

Ward 154

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

## CERTIFICATE OF DEATH.

Date of Death, August 2<sup>d</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edmund Pennsmith

Sex, Male or Female, { Cross out the word not } Male

Age, — Years, Nine (9) Months, Seven (7) Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give Street and Number. } No 204 East Lombard St

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum  
Convulsions

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 4<sup>th</sup> 1887

Undertaker, Fred Gaede

Place of Business, 108 S. Caroline

W. H. Clendinen, M. D.

Medical Attendant.

Address, No 418 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

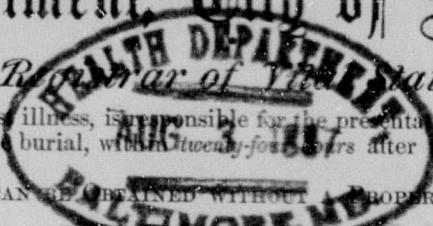
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. 1965 Office of Registrar of Vital Statistics. Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

August 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Julia Ingwood

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 25 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Brayford

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

England

Duration of Residence in the City of Baltimore,

Six Years

Place of Death, { Give Street and Number. }

1408 N. Calvert St.

Cause of Death, { First (Primary),

Miscarriage

Second (Immediate),

Puerperal Fever

Duration of Last Sickness,

Six days -

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Aug 3d 1887

Undertaker, Fried Gaede

M. Ruckew M. D.

Medical Attendant.

Place of Business, 108 E. Caroline Street, 1401.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

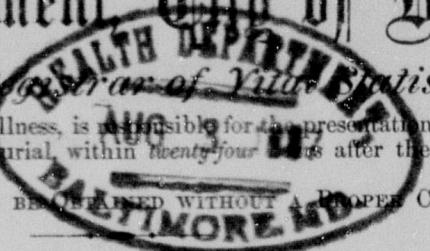
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. A 1966 Office of Registrar of Vital Statistics. Ward 10<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, Aug 3d 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ida Chappell

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 18 Months, eight Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 630 Mt. Berry St

Cause of Death, { First (Primary), Bronchial Catarrh  
Second (Immediate), Congestion of Lungs & Spasms

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Aug 3d 1887

{ Undertaker, John E. Hough

{ Place of Business, 1408 Penna. Ave

Elias C. Price M. D.

Medical Attendant.

Address, 953 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1967 Office of Registrar of Vital Statistics. Ward 6<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D CERTIFICATE OF DEATH.

Date of Death,

August 21, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Adolphus Dittmar

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, One (1) Year.

Months, Nine (9) Days.

Color, Yellow

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Single

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give Street and Number. }

1030 1/2 Stair Ave

Cause of Death, { First (Primary), Second (Immediate), }

Yellow Fever

Yellow Fever

Duration of Last Sickness,

One (1) week

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, August 21, 1887

Undertaker, Michael Purdy

Place of Business, 1403 Banks Address,

D. E. Shore M. D.

Medical Attendant.

Agent for Police

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Health Department, City of Baltimore.

Permit No.

1968

Office of Registrar of Vital Statistics.

Ward

17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line. female

Age, Years, three Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give Street and Number. 1123 Quince Alley ✓ Cholera Infantum

Cause of Death, { First (Primary), Second (Immediate),

Duration of Last Sickness, six weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 3<sup>rd</sup> /87 James Stearns M. D.

{ Undertaker, Bernard Harlan

{ Place of Business, 115 West Street Address, Court St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

H. C. Seward, S. D. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. **A 1969**

Office of Registrar of Vital Statistics.

Ward **10**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

*Aug 2nd 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Howard Abram (Auburn)*

Sex, Male or Female, { Cross out the word not required in this line. }

*Male*

Age,

*0*

Years,

*Two*

Months,

*0*

Days.

Color,

*Dark brown*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

*Single*

Occupation,

*None*

*Balt City*

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

*Two months*

Place of Death, { Give Street and Number. }

*No 785 Harmony Lane*

*Hot Weather*

*Cholera Ileorrhaphia*

*One Week*

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

*Green Cemetery*

Date of Burial,

*Aug 2nd 1887*

Undertaker,

*Wm. H. Bohan*

Place of Business,

*16 East*

*Bey & Bohan M. D.*

Medical Attendant.

Address, *Cor. Mulberry & Green*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]